

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

Approved by Office of Management and Budget
No. 80-R0183

PAGE OF

PAGES

1. TYPE OF
PAYMENT
REQUESTED

a. ☒ one or both boxes
☐ ADVANCE ☐ REIMBURSEMENT
b. ☒ the appropriate box
☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST

☐ CASH
☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND
ORGANIZATIONAL ELEMENT TO WHICH
THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING
NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

6. EMPLOYER
IDENTIFICATION
NUMBER:

7. RECIPIENTS
ACCOUNT NUMBER
OR IDENTIFYING
NUMBER

8. PERIOD COVERED BY THIS REQUEST

From (month, day, year)

To (month, day, year)

9. RECIPIENT ORGANIZATION:

Name:

Number and Street:

City, State and ZIP Code:

10. PAYEE (Where check is to sent if different than item 9)

Name:

Number and Street:

City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus Line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payment previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST
SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

This space for agency use